

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Carole Johnson, as Admin of the Health  
Resources & Services Administration  
c/o General Counsel, Dept of Health and  
Human Services  
200 Independence Ave., S.W.  
Washington, D.C. 20201



9590 9402 9046 4122 5197 88

**2. Article Number (Transfer from service label)**

9589 0710 5270 2320 2869 87

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name) Los

Date of Delivery 8/16/21

D. Is delivery address different from item 1? ☐ Yes  
☒ No

If YES, enter delivery address below:

**J. Service Type**

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

USPS TRACKING#



9590 9402 9046 4722 5797 88

United States  
Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

**Kenneth J. Riemer**  
**RIEMER LAW, LLC**  
**2153 Airport Blvd.**  
**Mobile, AL 36606**

[illegible]

Chavez v. US

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Health Resources & Services  
Administration

c/o General Counsel, Dept of Health and  
Human Services  
200 Independence Ave., S.W.  
Washington, D.C. 20201



9590 9402 9046 4122 5197 71

9589 0710 5270 2320 2869 94

(over \$500)

# COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
☒ Addressee  
 B. Received by (Printed Name) Los C. Date of Delivery 8/16/84  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 9046 4222 5297 72

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

**Kenneth J. Riemer**  
**RIEMER LAW, LLC**  
2153 Airport Blvd.  
Mobile, AL 36606

**First-Class Mail**  
**Postage & Fees Paid**  
**USPS**  
**Permit No. G-10**

[illegible]

Clayton V. J.

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## 1. Article Addressed to:

United States Department of Health &  
Human Services  
c/o General Counsel, Dept of Health and  
Human Services  
200 Independence Ave., S.W.  
Washington, D.C. 20201



9590 9402 9046 4122 5197 95

## 2. Article Number (Transfer from service label)

9589 0710 5270 2320 2869 70

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

☒ Adult Signature  
*[Signature]*

☐ Agent☐ Addressee

## B. Received by (Printed Name)

C. Date of Delivery

9/16/91

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

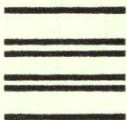
☐ Yes☒ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Restricted Delivery

Restricted Delivery

USPS TRACKING#



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 9046 4122 5197 95

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

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2153 Airport Blvd.  
Mobile, AL 36606



*Comments v. US*

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## 1. Article Addressed to:

Xavier Becerra, as Secretary of the Dept.  
of Health & Human Services  
c/o General Counsel, Dept of Health and  
Human Services  
200 Independence Ave., S.W.  
Washington, D.C. 20201



9590 9402 9046 4122 5198 01

## 2. Article Addressed to (Transfer from container label)

9589 0710 5270 2320 2869 63

# COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*[Handwritten Signature]*

- ☐ Agent
- ☐ Addressee

## B. Received by (Printed Name)

*[Handwritten Signature]*

## C. Date of Delivery

9/16/20

## D. Is delivery address different from item 1?

- ☐ Yes
- ☒ No

If YES, enter delivery address below:

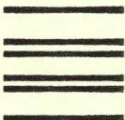
## 3. Service Type

- ☐ Adult Signature
- ☒ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 9046 4122 5198 01

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

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Mobile, AL 36606



*Clawards v. US*